



## SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

### PERMISSION TO VIDEOTAPE OR AUDIO RECORD

Campus: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Description of the Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Signature of Teacher/Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved  
☐ Not approved

☐ Does require parent permission  
☐ Does not require parent permission

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear Parents and Guardians:*

*We would like permission to videotape or record your child which might include displaying your child's image/voice over the Internet or in the mass media for the purpose stated above. If you have any questions, please call the school's office.*

School : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's Name (Please print): \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_

Parent/Guardian's  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

As the parent or guardian of the above-named student, I hereby grant permission to videotape or record my child for this purpose. I understand recordings might be used over the Internet.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

***Please return this signed form to your child's school.***

*Original - Principal*

*Copy - Requestor*

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.